

# **HS Paper 34/19**

# **Board Meeting: 21 June 2019**

**We are working towards all our publications being available in an accessible format. In the meantime if you require this paper in a more accessible format, please contact us using this email address** [**nhs.healthscotland-ceopapersubmission@nhs.net**](mailto:nhs.healthscotland-ceopapersubmission@nhs.net)

**Chief Executive’s Report**

Recommendation/action required**:**

|  |
| --- |
| The Board is asked to note the paper. |

## Author: Sponsoring Director:

|  |  |
| --- | --- |
| **Gerald McLaughlin**  **Chief Executive** |  |

**11 June 2019**

**CHIEF EXECUTIVE’S UPDATE**

## Purpose

1. The purpose of this paper is to provide an update to the Board on activities and matters involving the Chief Executive and Directors which are not covered by other papers on the agenda.
2. **Scottish Leaders Forum**

I attended the latest meeting of the Scottish Leaders Forum, attended by the Permanent Secretary and three Cabinet Secretaries considering amongst other things the latest Scottish Government assessment of performance against the National Outcomes.

1. **Delivery Business highlights**

**3.1 Mortality Trends**

Life expectancy in Scotland had been steadily improving until around 2012. Since then, life expectancy improvements have stalled and have now reversed. Similar trends are seen across the UK and USA, but the trends have continued to improve in many other high income countries. Life expectancy has decreased most in the more deprived Scottish areas. We are leading the work in Scotland to better understand the causes of these trends and to advise on the appropriate actions to take. Thus far we have organised three pan-UK workshops and, through ScotPHN, created a mortality Special Interest Group to discuss and co-ordinate the work, published two reports describing the epidemiology of the trends (see <https://www.scotpho.org.uk/publications/reports-and-papers/recent-adverse-mortality-trends-in-scotland/>) and created a new webpage summarising the issue (see <https://www.scotpho.org.uk/population-dynamics/recent-mortality-trends/>). We are currently working hard to frame the problem more constructively, develop interim recommendations and test the various hypotheses that have been proposed to explain the problem. Our best understanding at present is that austerity, pressures on health and social care services and influenza have all played an important role in causing the trends.

**3.2. Suicide Prevention Training**

Following a collaborative piece of work with NES and Scottish Government, we joined the Minister for Mental Health at the launch of the first in a series of new training resources for suicide prevention on 28 May. We achieved some excellent media coverage and helped influence the commitments made by COSLA leaders and SOLACE who have all given public commitment and completed the training within 3 days of the launch.

**3.3 MESAS**

We await publication of the latest Annual Monitoring Report on 19 June and this has stimulated media interest. BBC Scotland has expressed interest in covering the MESAS report. This represents a shift in that the BBC approached us rather than responding to a media release, indicating a raised interest in both the subject matter and our own profile in this.

**3.4 UN Report into Poverty in the UK**

We responded to the report of the UN Rapporteur’s report into poverty in the UK promoting this widely on social media and prompting generally positive feedback.

**3.5 Revised School Food Regulations**

In light of our involvement in the Technical Working Group which provided evidence for the revised regulations we were asked to support Scottish Government in preparing their media release and the launch of the Regulations.

**3.6 Standards for the delivery of tier 2 and 3 weight management services for children and young people in Scotland**

Later this month we are publishing our new ‘Standards for the delivery of tier 2 and 3 weight management services for children and young people in Scotland.  These were redeveloped to improve consistency in approach to child healthy weight across Scotland.  The standards will accompany the Scottish Government’s announcement of increased funding to support the implementation of the ‘Healthier Future: Scotland Diet and Healthy Weight Action Plan’.  We have been invited to have a quote in the Scottish Government press release that they are putting out on this, which again shows our impact on policy in this area.

**3.7 Contributing Evidence to UK Parliament**

NHS Health Scotland, ISD and Health Protection Scotland submitted a joint written response to the Scottish Affairs Committee inquiry into drug dependency. Hearings are taking place in London and Elinor Dickie will represent the three organisations, giving oral evidence to the Committee on the 18th of June 2019.

Gerry McCartney and Martin Talbot have been invited to give evidence to the Westminster All Party Parliamentary Group on Health in All Policies Inquiry into the impacts of the different measures in the Welfare Reform and Work Act (2016) on children and on disabled people across the UK.  The date for the session has not been confirmed.

**3.8** **Healthy Working Lives**

The Healthy Working Lives Programme Board met for what will be the last time on 3 June. The group noted and endorsed good progress in relation to the HWL Award review and agreed a need for local boards to submit an assurance statement towards the end of the year about appropriate use of resources. It is intended that this would be considered by a meeting of the NHS Health Scotland Audit Committee.

1. **Staff Engagement -** **iMatter Scores**

I am pleased to advise the Board that, at 93%, this year’s iMatter response rate is our highest ever and the highest response rate in any NHS board since the survey was developed. A response rate of this level gives us a strong reassurance that we are capturing the views of our staff. The overall employee engagement index has remained at 81, despite the level of uncertainty and change staff are experiencing. I believe this is a reflection of the opportunities that staff have had to understand, engage with and shape the new organisation. Over the next couple of months we will look at the results at the level of the team and directorate and with the involvement of all staff create the action plans to address any concerns raised.

1. **End of Year Reviews and Objectives 2019-20.**

The Turas Appraisal process has just completed with the following achievements: against the 90% target, 99% of staff completed reviews, 96% of staff completed objectives agreed & 95% staff agreed their Personal Development Plan. Again, this reflects both the level of engagement we have managed to maintain with staff on their development and management support during this period, and on the quality of the support processes offered to our staff with TURAS.

**6. Complaints**

Over the last month from 11 May to 12 June 2019 we received 8 complaints or concerns intended for other health bodies. The ‘misdirected’ complainants were all advised to contact the relevant NHS Board or Practice Manager at their GP or dental Surgery; or passed directly to the appropriate NHS complaints team.

**7.** **Finance and Resource Implications**

There are no specific finance and resource implications as such arising from

this paper.

**8**. **Staff Partnership**

There are no partnership issues which are not addressed through other relevant

plans.

**9. Communication and engagement**

There are no specific communications issues arising from this paper which are

not addressed through other relevant plans.

**10. Corporate Risk**

Any risks associated with this update are incorporated within related project plans.

**11. Issues Associated with Transition**

The key change and transition issues have been identified in the items noted

above. In addition, it is worthy of note that the pace of Public Health Reform is increasing with the recent announcement of the Shadow Chair, the commencement of recruitment for the CEO and the establishment of a Shadow Executive Management Team (EMT) which will start to take responsibility for decisions regarding the establishment of Public Health Scotland. We have appropriate representation on the EMT. We also anticipate the processes involved in creating the new senior management team of Public Health Scotland and to consult with staff regarding the TUPE transfer to start imminently. Again, we have been appropriately involved in the agreement of how these processes will be conducted.

## 12. Promoting Fairness

There are no specific issues arising from this paper.

## 13. Sustainability and Environmental Management

There are no specific environmental issues arising from this paper.

## 14. Action/ Recommendations

The Board is asked to note the paper.

**Gerald McLaughlin**

**Chief Executive**

**11 June 2019**